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Draft country programme document**

Angola

Summary

The draft country programme document (CPD) for Angola is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $32,467,500 from regular resources, subject to the availability of funds, and $76,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2015 to 2019.

* E/ICEF/2014/5.

** In accordance with Executive Board decision 2006/19, the present document will be revised and posted on the UNICEF website, along with the results matrix, no later than six weeks after discussion of the CPD at the 2014 annual session of the Executive Board. The revised CPD will then be presented to the Executive Board for approval at the second regular session of 2014.

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Basic data[†] *(2012 unless otherwise stated)*	
Child population (millions, under 18 years, male/female)	5.7/5.6
U5MR (per 1,000 live births)	164
Underweight (%, under 5 years, moderate and severe, 2007)	16
(%, male/female, urban/rural, poorest/richest)	..
Maternal mortality ratio (per 100,000 live births, adjusted, 2010)	450
Use of improved drinking water sources (%, 2011)	53
Use of improved sanitation facilities (%, 2005)	59
One-year-olds immunized with DPT3 (%)	91
One-year-olds immunized against measles (%)	97
Primary school enrolment/attendance (%, net male/female, 2010)	93/78
Survival rate to last primary grade (%, male/female, 2009)	37/27
Adult HIV prevalence rate (%, 15-49 years, male/female)	1.9/2.7
HIV prevalence among pregnant women (%, 2009)	2.0
Child labour (%, 5-14 years, male/female, 2001)	22/25
Birth registration (%, under 5 years, 2001)	36
(%, male/female, urban/rural, poorest/richest)	35/36, 40/26, 24/53
GNI per capita (US$)	4 580

† More comprehensive country data on children and women as well as detailed methodological notes on estimates can be found at www.childinfo.org.

The situation of children and women

1. The fast economic growth of Angola has continued over the last five years, fuelled by its vast reserves of natural resources. Per capita gross national income has reached $4,580 in 2012 and Angola aims to transition to a middle-income country by 2018. While availability of social sector data remains limited, social indicators are generally estimated to have substantially improved over the past years, though at a slower pace than the overall economy. Despite such improvements, the majority of the population continues to have limited or no access to basic services and disparities, both in income distribution and access to basic services are a source of concern.

2. The country continued to make steady improvements in strengthening its institutions whose functioning had been severely affected by the protracted conflict that ended in 2002. Despite this progress, weak governance and institutions including human resource capacity, remain among the greatest challenges to the country's harmonious development. Opportunities for children and civil society organizations to participate in decision making processes have slightly improved over time but remain somewhat constrained.

3. According to the latest estimates available, 37 per cent of Angolans reported monthly consumption below the national poverty line of $49 (IBEP 2008/2009).[1]

[1] Inquérito Integrado sobre o Bem-Estar da População (IBEP) 2008/2009.

Income poverty is far more severe and widespread in rural areas (58 per cent) than in urban areas (19 per cent). Poverty varies substantially across the country, surpassing 50 per cent in the centre-north, east, and centre regions. The age, education level and employment status of the head of household, along with the number of household members, strongly correlate with the level of poverty.

4. Income inequality is a major driver of poverty in Angola. With a Gini coefficient estimated at 0.54, Angola ranks as the fifth most unequal country in Africa. The extent of income inequality among the poor is low (as testified by a severity of poverty index of just six per cent); this indicates that the determinant of the high Gini coefficient in Angola is mainly "top-down inequality" — high inequality between the non-poor and the poor.

5. Close to one third of the total 2014 state budget of $76 billion was allocated to the social sectors. Nonetheless, overall weak human resource capacity linked to inefficient spending patterns remain major constraints to accelerating improvement in equitable access to quality essential services. Furthermore, allocations in social sectors need to be increasingly in line with stated national development priorities.

6. While data on child mortality has not been collected in Angola since 2009, the most recent global estimates indicate that the under-five mortality rate may have decreased from an estimated 213/1,000 live births in 1990 to 164 per 1,000 live births. Despite such decrease, Angola still ranks as the country with the second highest under-five mortality rate worldwide. In rural areas, the under-five mortality rate is estimated to be 70 per cent higher than in urban areas.

7. Maternal mortality remains a pressing public health issue in Angola, with estimates varying between 450 and 1,400 per 100,000 live births. Haemorrhages, malaria, under nutrition and a lack of access to health care are among the main determinants of maternal mortality. Less than half of pregnant women undergo four or more antenatal visits, and only 42 per cent of births occur in a health facility (IBEP 2008/2009).

8. The prevalence of HIV in Angola is estimated at 2.3 per cent nationally. Coverage of prevention of mother-to-child transmission (PMTCT) services remains low, with only 17 per cent of HIV-positive pregnant women currently estimated to be in treatment to avoid transmission of HIV to the child. Coverage of paediatric treatment is estimated to be even lower, with just one in ten HIV-positive children aged 0-14 years currently undergoing antiretroviral therapy (ART).

9. Access to safe water and sanitation is highly inequitable and coverage in rural areas is far lower than in urban areas. In the north-eastern provinces, less than 16 per cent of households are estimated to have access to safe water and less than 38 per cent to adequate sanitation. Hygiene and sanitation practices remain poor in Angola, contributing to high levels of morbidity and mortality.

10. The education sector has seen large investments in infrastructure and a dramatic increase in enrolment, yet quality is constrained by limited human resource capacity. The main determinants of education deprivation are related to where the child lives and the wealth of the household. At the primary level, the gender gap has been closing, while it remains an issue of concern at the secondary level, particularly in rural areas. Children in the top wealth quintile are approaching universal education, while the net attendance rate for children in the poorest households is just 38 per cent. Disabilities are a further reason of exclusion. The

Government's expressed commitment to cater to the special needs of children with disabilities may progressively contribute to promoting a more inclusive education system.

11. Less than four in every ten Angolan children under the age of five years (36 per cent) were registered at birth. High costs, distance to the services and parents without documentation are the main determinants of low levels of registration of births; 9.5 per cent of Angolan children are orphans, and more than 1 million children do not live with their biological parents. Traditionally, orphaned children in Angola live with extended families without any formal legal proceeding or social protection and assistance providing adequate care and protection. Nationwide, one in every five Angolan children aged 5 to 14 years is involved in child labour, and this rate rises to one in every three children in rural areas. Moreover, 16 per cent of these children never attended school. In the provinces of Cunene and Zaire, close to half of children in the same age group are estimated to be involved in child labour. In recent years, child labour in agricultural farms and construction sites has been reported to have increased.

12. The national legislation calls for a child-friendly justice system (specialized court, special units at the police stations as well as social services for protection and reintegration) to be established at provincial level; however, such a system only exists in one of the 18 provinces. Lack of sufficient and qualified service providers capable of providing basic and essential services throughout the country remains a major bottleneck to bringing services to the citizens, particularly in the most excluded rural areas. The national policy and legal framework has been improving over the past years. Major developments include the new Constitution that openly recognizes human rights and obligations of duty bearers. In 2012, the Parliament approved the Children's Act and in 2011 the Domestic Violence Act. A national social assistance policy was developed in 2013 and is awaiting approval by the Council of Ministers. Challenges remain in providing adequate human and financial resources and operational guidelines for the implementation of key policies. The "11 Commitments for Angolan Children", adopted in 2007, and monitored by the National Council for Children, remain the national umbrella for interventions related to children.

13. Angola is prone to emergencies and natural disasters, such as drought, flooding, nutritional crises, and disease outbreaks such as cholera and malaria. In 2011, several of the country provinces experienced less than 60 per cent of the normal rainfall, leading to a drought that constrained agricultural production and severely affected the livelihood of an estimated 1,830,000 people. The impact of these emergencies is exacerbated by the low level of preparedness of public services, communities and families.

Key results and lessons learned from previous cooperation, 2010-2014

Key results achieved

14. UNICEF provided substantial contributions to strengthening Angola's national policy and legal framework and aligning it with international standards. The advocacy efforts of UNICEF led to the inclusion of the principle of the best interests of the child in the new Constitution. UNICEF played a pivotal role in the conception

and development of the Children's Act, which spells out rights and corresponding obligations of the State to provide key services to fulfil children's rights. The contribution of UNICEF played a crucial role in the development of a national social assistance policy whose main components are the expansion of social welfare services and the introduction of cash transfers to vulnerable families. Furthermore, UNICEF supported the development of the National Environment Sanitation Policy, Policy on Prevention and Mitigation of the Impact of HIV/AIDS, Malaria and Tuberculosis, the Domestic Violence Act, and the National Nutrition Strategy. The advocacy efforts of UNICEF led to the establishment of the national programme granting free birth registration and identification for all Angolans for a period of three years.

15. Between 2010 and 2013, UNICEF provided vaccines and technical support for a total of 25 national polio immunization campaigns, each of them reaching close to seven million children under five years, with coverage rates always above 95 per cent. As a result of these efforts, collaboration with key partners, such as the World Health Organization, and government support, Angola has been free from wild polio virus since July 2011.

16. UNICEF spearheaded a child survival intervention in Angola known as Revitalization of Health Services, based on the provision of technical and financial assistance and training at the decentralised level. The model was used by the Government to enact its financial decentralization policy and to transfer funds directly to the municipalities in order to implement the model originally introduced by UNICEF in 16 municipalities. More recently, the UNICEF model served as a basis for the United States Agency for International Development and European Union in expanding funding of their joint support to the municipalities in the health sector.

17. The integrated response of the Ministry of Health and UNICEF in the 10 provinces most affected by drought from 2012-2013 resulted in a significant scale-up of health care access for the affected population. During the period of January to December 2013, a total of 1,411,562 children under five years were screened for malnutrition, out of which 70,881 children were treated for severe acute malnutrition (26,962 at the community level) and 10,411 with complications were treated in therapeutic feeding centres. Additionally, 65,481 were treated for moderate acute malnutrition, totalling 136,362 children treated for (severe and moderate) acute malnutrition.

18. UNICEF partnered with the Ministry of Family and Women and various Angolan churches, to implement the Family Competencies Programme, a national behaviour change programme which promotes a holistic approach to child development and survival, integrating health, protection and education for children under five years. With UNICEF support, 1,200 volunteers were trained as trainers of trainers and served as the first layer for cascade training of 9,550 social mobilizers in 52 Angolan municipalities. During 2012 and 2013, the programme reached an estimated 18,000 families through domestic visits and 134,000 people through community dialogues and informational meetings. A recently conducted assessment showed that the programme resulted in improvements in knowledge among the families counselled by trained mobilizers of high-impact practices for the holistic development of children under five years. The Ministry has taken ownership of the

programme and is due to independently scale up the initiative with continued but limited technical support from UNICEF starting in 2015.

Lessons learned

19. The increasingly limited availability of donor funding in Angola, combined with considerable increase in the country's private-sector wealth as a largely untapped funding and partnership market, led UNICEF to seek more opportunities for private-sector engagement. Despite these efforts, the results achieved during the previous country programme in terms of fundraising, leveraging and partnership with the private sector were lower than expected. Experience has shown that pursuing one-off, funding or partnership opportunities through ad hoc proposals is not effective in harnessing the interest and support of private companies. Instead, successful engagement needs to rely on longer-term relationship building toward more durable partnerships that are based on stronger mutual knowledge and understanding of goals and priorities. An additional constraining factor to increasing private-sector funding is related to weaknesses in the design and implementation of the regulatory framework around corporate social responsibility for Angola. By the same token, there appears to be a need for UNICEF to invest further in fostering a more holistic view regarding strategic contributions that the private sector can provide to the country's development. Building on the results achieved in the country programme, UNICEF will continue to develop its understanding of the private sector's rules of engagement in the area of corporate social responsibility and articulate an engagement strategy.

20. In the course of the country programme, UNICEF fostered a number of partnerships between the Government and community-based and civil society organizations (CBOs/CSOs). This approach has proven effective in designing and implementing interventions that have achieved sustainable results. Examples of this approach include the introduction of the Family Competencies Programme. A recent assessment of the Programme identified the importance of the cooperation forged by UNICEF between the Government and community and grassroots organizations for its implementation. Similarly, the design of the new system for community management of water points is based on a new partnership fostered between local authorities and civil society. These successful experiences from the country programme have shown the need to further pursue opportunities to promote partnerships between the Government and civil society organizations, given that this management arrangement will allow smoother implementation of programmes on the ground and sustainable exit strategies. Accordingly, in the new country programme, field-level interventions will systematically assess the opportunity of initiating or strengthening the involvement of CBOs and CSOs. One key area where this will be reinforced is in the child protection system, for which UNICEF will act as convener between the Government and CSOs, community leaders, the private sector and other donors; or the involvement of CBOs/CSOs as key players in the operationalization of the new Social Assistance Policy.

The country programme, 2015-2019

Summary budget table[†]

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Child survival and development	6 268 825	19 500 000	25 768 825
Water, sanitation and hygiene	1 979 658	2 400 000	4 379 658
Education	3 202 013	4 180 000	7 382 013
Child protection	3 046 673	15 035 000	18 081 673
Social policy, evaluation and research	2 470 956	27 850 000	30 320 956
Intersectoral (Public Advocacy and Partnerships, Communication for Development, Planning and Monitoring)	7 276 787	4 965 000	12 241 787
Cross-sectoral	8 222 588	2 070 000	10 292 588
Total	**32 467 500**	**76 000 000**	**108 467 500**

[†] Additional funds may be received through Consolidated Appeals as required.

Preparation process

21. In preparation for the new country programme, UNICEF developed the Angola Vulnerability Profile, an analytical document which sheds light on the causes and the extent of vulnerability among Angolan children. UNICEF also played a leading role in conducting the national consultation that fed into the global post-2015 process. The national consultation included specific consultations with children and youth, members of Parliament and civil society representatives. UNICEF also provided major contributions to the development of the United Nations Common Country Assessment. Sectoral consultations with the main partners were conducted to inform priorities of the new country programme. The proposed country programme is fully in line with the United Nations Partnership Framework for Angola, developed earlier in the year, which outlines the United Nations contribution to the country's development agenda.

Programme components and results

22. The overall country programme goal is to support government efforts to reduce disparities in social indicators with a focus on the child population of Angola. To do so, the country programme will pursue a systematic focus on interventions that have shown capacity to benefit the most vulnerable individuals, families and communities. Over the next five years, the country programme will gear its action towards improvements in three key areas that have emerged as possibly the most crucial for the country's development agenda: (a) substantial decrease in child and maternal mortality; (b) expansion of birth registration within the civil registration and vital statistics system; and (c) expansion of large-scale social assistance scheme to vulnerable families.

23. The country programme will be articulated in five programmes supported by three units providing intersectoral support, as described hereafter.

24. **Child survival and development**. This programme component includes three subcomponents: health; nutrition; and HIV and AIDS.

25. **Health and nutrition**. These subcomponents aim at strengthening national and district-level systems to scale up high-impact interventions that positively affect maternal, neonatal and child survival and development. They will strengthen the capacity of health workers and model cost-effective interventions that can save children's lives. At the community and household level, behaviour and social change will be supported to promote effective maternal, newborn and child health care practices. These subcomponents will seek to achieve the following results: (a) sector policy and legal framework strengthened and municipalization of health services supported through evidence-based advocacy and technical assistance; (b) stunting prevalence among children under five years reduced from 29 per cent to 20 per cent (c) maternal and neonatal tetanus elimination certified; (d) 95 per cent coverage for measles, third dose of pentavalent, pneumo-13, and rotavirus vaccines in 133 municipalities; (e) antenatal care (three or more visits) and skilled birth attendance increased to 90 per cent and 70 per cent respectively; (f) Angola is certified as a country free from wild polio virus; and (g) vulnerable children and their families have access to Integrated Community Case Management in 16 municipalities.

26. **HIV and AIDS**. This subcomponent focuses on the expansion and equity of HIV prevention, PMTCT and paediatric treatment services for children, women and adolescents most-at-risk at the decentralized levels. This component will contribute to achieve the following results: (a) uptake and adherence to antiretroviral treatment (Option B+) through engagement of at least 350 people living with HIV/AIDS in the delivery of PMTCT services in 161 municipalities; (b) expanded coverage of early infant diagnostic and paediatric treatment by national partners; (c) Increased number of most-at-risk adolescents (10-19 years old) with correct knowledge of HIV/AIDS prevention measures.

27. **Water, sanitation and hygiene education (WASH)**. This programme component focuses on strengthening the WASH legal framework and its operationalization through national and municipal plans and budgeting. In this context, support to sector reviews, bottleneck analysis, data collection and monitoring and evaluation will play a crucial role. It will enhance capacities of the sector's institutions and provide access to quality and sustainable WASH services to people living in the most disadvantaged areas. The component will contribute to achieve the following results: (a) National Environmental Sanitation policy framework operationalized; (b) functional country-wide sector management information system; (c) Increased access to sustainable and safe water and sanitation for 950,000 people by scaling up innovative approaches, including community-led total sanitation and sustainability of water facilities in target provinces, particularly those affected by recurrent emergencies.

28. **Education**. This programme component will promote interventions that contribute to increasing equitable access to quality early childhood, primary, first-cycle secondary and second-chance education, while focusing on provision of technical assistance to the Government in policy formulation and strategic planning. It will also support the implementation of action plans for early childhood, special education, education in emergencies, second-chance education and safer schools. Quality of teaching and learning will be strengthened through the development of materials for life skills trainings and teacher assessments. The component will

contribute to achieving the following results: (a) strengthened policy framework in the education sector through development of the special education and education in emergency policies, and regulation for the Free Education Policy; (b) quality of teaching improved through availability and use of quality material for life-skills training; (c) training materials developed for school committees and directors to increase their capacity in monitoring school progress and developing school plans.

29. **Child protection**. This programme component aims at progressively building an environment where children are equally protected from violence, abuse, neglect and exploitation. It revolves around two interconnected approaches: strengthening child protection systems, including emergency preparedness, and bringing about social change, leading to greater protection of children. Subnational capacity and delivery of services (social welfare, justice, law enforcement and civil registration) will be strengthened, including through further harmonization of the normative framework and enhanced monitoring and evaluation, referral procedures and coordination mechanisms, as well as workforce strengthening. Positive attitudes and behaviours of children, families and duty bearers in relation to protection and care of children will be promoted. It will coordinate an intersectoral initiative on prevention and response to violence that will strengthen synergies between sectors and create evidence on drivers of child protection risks. The component will focus on achieving the following results: (a) 80 per cent of children under five years of age have their birth registered in the seven target provinces; and (b) improved access and quality of justice services for children in at least five provinces.

30. **Social policy and evaluation**. This programme component will be producing high-quality evidence, including evaluations to support the country programme's policy and advocacy work. Analysis will span from social sectors to poverty reduction, public finance management and climate change, to the role of the private sector. The component will seek to achieve the following results: (a) quality evidence generated in strategic areas in support of shaping policies and resources allocation in key sectors; (b) programming is informed and shaped by the results of high-quality evaluations and analysis; (c) government-funded social assistance management structure strengthened and coverage substantially scaled up to progressively reach the majority of vulnerable families and their children by 2019; and (d) a total of 40,000 vulnerable children benefit from a newly introduced cash transfer programme.

31. **Intersectoral**. This programme component will provide support to the sectoral programmes through public advocacy for child rights, strengthening partnerships, including with the private sector, integrated approaches to addressing issues of behavioural change, and through planning and monitoring. It consists of three programme areas and contributes to six outcome results.

32. **Public Advocacy and Partnerships**. This programme area will focus on external communication to large audiences on topics related to child survival, development, protection and participation, increasing visibility of UNICEF in Angola. It will help consolidate the organization's positioning as a knowledge hub and will strengthen and expand partnerships in support of the UNICEF agenda. It will support the following results: (a) child-rights issues are known and responded to by leading decision and opinion makers; (b) private-sector organizations are increasingly aware of their social responsibility for the well-being of children in

Angola; and (c) sufficient resources are generated and leveraged to address child-rights issues in the country.

33. **Communication for Development**. This programme area will aim at reinforcing and sustaining positive behaviours around key results defined by programme priorities (child and maternal mortality, birth registration, social protection) and support the following results: (a) positive behaviours are reinforced around child and maternal care in development, protection, birth registration and social inclusion issues; and (b) children's active participation is reinforced and strengthened in institutions, civil society and non-governmental organizations and children's associations.

34. **Planning and Monitoring**. This programme area will support the following result: monitoring systems and tools are tracking progress on key child rights indicators through regular routine information systems and other data collection exercises. A key partner in this will be the National Council for Children operating through its four technical commissions.

35. **Cross-sectoral**. This programme component includes costs of operations staff and operating costs related to the management of the country programme, including its field presence.

Country programme strategies

36. A deliberate focus on reducing disparities will underpin all interventions. This strategic approach will be implemented across all programmes by prioritizing interventions with proven capacity to decrease disparities by reaching the most vulnerable families and children.

37. A balanced synergy between the following strategies is being pursued:

(a) Evidence-based advocacy to foster and shape national programmes and policy decisions towards decreasing inequalities in income distribution and social indicators. Influencing the allocation and use of public resources in such a way that places vulnerable Angolan families and their children at the centre of the development agenda can have a large impact due to the very large size of the state budget envelope.

(b) Institutional and human resource capacity development of government and non-government partners to promote delivery of greater quality services, with a focus on the decentralized level, will be crucial to removing a major bottleneck to the development of Angola.

(c) Community mobilization and innovative methods of gender-sensitive communication will be used to ensure active participation of children, young people and communities, as well as sustainable behaviour change.

(d) Building on the success of the current country programme, UNICEF will continue to support models that can be scaled up with domestic resources. Examples include the setting up of cash transfer programmes and the community-based system for PMTCT treatment.

(e) Emergency preparedness and response will be mainstreamed in all programmes and will include strengthening national and local capacity to prepare

for and respond in a timely fashion to emergencies, mitigating the impact of disasters by fostering family resilience, particularly in the most vulnerable areas.

Relationship to national priorities and the United Nations Partnership Framework

38. The country programme is fully in line with the Government's National Development Plan 2013-2017 and with major national sectoral policies and plans. It is aligned with the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the goals of *A World Fit for Children* and other major international frameworks and priorities related to children and women. The country programme is also fully in line with the broader United Nations Partnership Framework for Angola, 2014-2018 (UNPAF). The results will contribute to all seven outcomes of the UNICEF Strategic Plan, 2014-2017.

Major partnerships

39. The country programme will be implemented in cooperation with the Government of Angola, building on existing long-established partnerships with ministries and government institutions at the central and decentralized level. Other major partners include: (a) United Nations agencies guided by the UNPAF; (b) Bretton Woods institutions and bilateral partners; (c) international and national NGOs and CSOs, human rights groups and youth associations; (d) media, national-level and subnational-level communication forums for raising awareness on child rights; and (v) private-sector partnerships aiming at harnessing support to promote the country's development.

Monitoring, evaluation and programme management

40. Monitoring and evaluation of the country programme results will ensure that initiatives undertaken by the country office contribute to UNPAF outcomes, national priorities and the goals to be established as part of the post-2015 development agenda. The Ministry of Planning is the focal point for programme coordination, thus fostering the alignment of UNICEF actions with the Government's priorities. The programme will be monitored, guided by the five-year results matrix and yearly integrated monitoring and evaluation plans, to be developed at the beginning of each year and updated quarterly to track progress towards planned results. Quarterly reviews of progress in programme implementation will be conducted, based on consultations with partners. Opportunities for joint monitoring and evaluation in collaboration with other United Nations agencies will continue to be explored whenever they have the potential to provide added-value to UNICEF programming. Results achieved and constraints will be duly documented to serve as lessons learned and best practices. A midterm review is foreseen halfway through the programme, with the participation of the full range of partners.